

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035794

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 123

Primary Registration District No. 2000

Registrar's No. 1262

FILED SEP 24 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 17 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 657 South Newton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 657 South Newton		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HOMER Middle ANDREW Last NEWTON		4. DATE OF DEATH Month Sept. Day 11, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-15-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Ret. Farmer	
11a. FATHER'S NAME James D. Newton		11b. MOTHER'S MAIDEN NAME Ella Pickle	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		12b. SOCIAL SECURITY NO. None	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure		14. NAME OF HUSBAND OR WIFE Never Married	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Coronary thrombosis with myocardial infarction		15. INFORMANT 657 South Newton, Springfield, Missouri	
DUE TO (c) Arteriosclerosis		16. Mrs. Ella Newton	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Webster, Missouri	
21. I attended the deceased from 1956 to 9/11/63 and last saw him alive on 9/9/63 Death occurred at 6:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 9/13/63	
22a. SIGNATURE R. F. Hedgcock D.D. (Degree or title)		22b. ADDRESS 617 S. Scenic, Springfield, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-14-1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave., Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 9-20-63	
26. REGISTRAR'S SIGNATURE Bernice Medley		27. REGISTRAR'S SIGNATURE (Noting)	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

9/13/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 5164

P. O. Address Appt. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.